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Montana Health Promoter

Volume 1, Issue 1 Winter 1989

Newsletter of the Chronic Disease Prevention and Health Promotion Program
Montana Department of Health and Environmental Sciences

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Lung Cancer: Progress in Prevention

In 1987 an estimated 150,000 Americans learned that they had lung cancer, most likely as a result of smoking cigarettes since an early age. Clearly the vast majority of lung cancer cases—nearly 85 percent—result from smoking. In this respect, lung cancer is almost entirely preventable.

Why is smoking such a powerful cause of lung cancer? Cigarette smoke contains more than 3,600 different chemicals, many of which are proven carcinogens, while hundreds more enhance the cancer-causing power of the carcinogens.

Changes in tissues that line the breathing tubes begin almost at once, even though exposure to these chemicals may not produce noticeable symptoms for many years. Microscopic examination of tissue cells reveals that continued exposure to these harmful chemicals causes more and more cells to take on an abnormal appearance. These precancerous cells could form an abnormal mass or tumor.

It usually takes many years before abnormal cells become cancerous. This is why most lung cancer patients are in their 50s or 60s when they are diagnosed. Factors which influence whether smokers develop cancer include the age at which the smoker started, the number of cigarettes smoked, the number of years of smoking, the depth of inhalation of smoke, as well as the tar and nicotine content of cigarettes. Statistics from the National Cancer Institute indicated that smokers are four to 25 times more likely to develop lung cancer than people who have never smoked.

There are four major types of lung cancer. Eighty percent of lung cancer cases occur as non-small cell carcinomas. These are squamous cell carcinoma, adenocarcinoma, and large cell carcinoma. Under certain circumstances non-small carcinomas may be potentially curable by surgical removal.

The other main type of lung cancer, which is categorized as small cell carcinoma, is generally thought not to be curable, and has the worst prognosis for long-term survival because it quickly spreads to other organs beyond the lungs.

Currently lung cancer is the leading cancer killer in the United States and is the least curable form of cancer. In Montana the last 50 years have demonstrated an astonishing trend in deaths from lung cancer among women. During this period women's lung cancer deaths have increased over 3000 percent. At the same time deaths from lung cancer among men in Montana have increased by nearly 700 percent.

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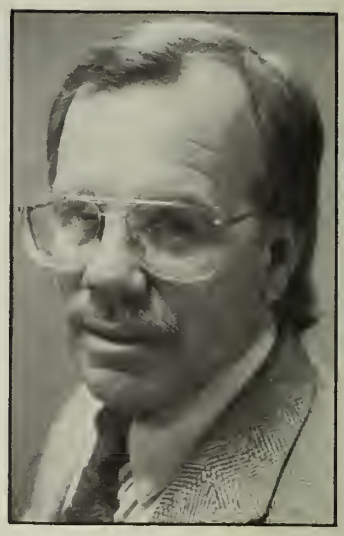
PLEASE RE

From the Editor

This newsletter represents the first edition of the *Montana Health Promoter.* The newsletter is a product of the Chronic Disease Prevention and Health Promotion Program and will be disseminated quarterly. Our aim is to provide information about chronic diseases, related risk factors, resources, and approaches to personal and community interventions.

Montana Department of Health and Environmental Sciences has committed to a new program. After a significant amount of planning and development, the Department has established the Chronic Disease Prevention and Health Promotion Program in partnership with the Centers for Disease Control. The mission is to prevent unnecessary illness, disability, and death caused by chronic disease. The program will use an integrated approach that combines projects focusing on specific diseases with projects that monitor risk factors. A key component to program operation is a coalition which will assist in determining priorities, interventions, and effectiveness. Coalition representatives will identify and rank the public health problems that take the greatest toll on Montana lives and quality of life.

The program combines several projects—Health Promotion and Education, Montana's Rocky Mountain Tobacco Free Challenge, Behavioral Risk Factor Surveillance and Secondary Disabilities Prevention. The Health Promotion and Education Project provides a statewide focus for programs designed to promote healthy behaviors and practices through different channels—school health, worksite, elderly, disease prevention, and special initiatives. Montana's Rocky Mountain Tobacco Free Challenge is an eight state friendly "competition" to reduce tobacco consumption. The governors of the respective states have endorsed a regional challenge to attack the single most modifiable risk factor posing a threat to the region's public health. Behavioral Risk Factor Surveillance monitors, on a monthly basis, the health behaviors associated with chronic disease among Montana adults. Additionally, a comprehensive health risk survey with 7th, 9th, and 12th graders will be conducted every two years in Montana. Secondary Disabilities Prevention is coordinated with the University of Montana and the Centers for Disease Control to develop a secondary disabilities surveillance system and to implement a secondary disabilities intervention and prevention model. Each project has demonstrated the potential to reduce the impact of chronic disease.



The Chronic Disease Prevention and Health Promotion Program accepts the challenge to make a difference in the incidence of chronic disease. However, the action and energy in local communities is where the real difference will be made. We look forward to working with each of you to make the program and newsletter meaningful.

Robert W. Moon, M.P.H.
Health Services Manager
Chronic Disease Prevention
and Health Promotion Program

Cancer, *continued from page 1*

Nationally, lung cancer deaths increased 184% among men and 360% among women from 1953 to 1983. In the same period, lung cancer deaths have increased 381% in black males and 440% in black females. Economic costs of lung cancer are estimated at $10.8 billion, which include $2.04 billion in costs of direct care. The remainder includes such costs as lost wages, and productivity.

Although the greatest cause of lung cancer is cigarettes, exposure to other cancer-causing substances occurs in the workplace. Asbestos is known to be associated with lung cancer and other chronic respiratory disease. Radon gas, which is formed when uranium decays, is believed to cause about 13,000 lung cancer deaths each year. Donald Millar, M.D. of the National Institute for Occupational Safety and Health cautions that "cigarette smoking interacts with many occupational carcinogens, greatly increasing the risk of lung cancer among smokers who are exposed to these hazards."

The good news from the Center for Health Behavior Research at Washington University in St. Louis is that over 40 million Americans have quit smoking. And while it may take ten years or more for abnormal cell tissue to be replaced with normal cells, quitting initiates an immediate and dramatic plunge in the risk of other smoking related diseases, especially emphysema and chronic bronchitis.

From "A Portrait of Lung Cancer", American Lung Association, 1987.

Blackfeet Council Bans Tobacco

In Browning, the Blackfeet Tribal Council recently banned smoking and chewing tobacco in all tribal buildings and at tribal meetings. The measure, which passed on a four to three vote, was a response to growing concern about the high incidence of tobacco abuse on the Blackfeet Reservation, as well as escalating medical costs associated with nicotine addiction.

"The Tribal Health Department is particularly concerned about the health issues raised by the growing use of tobacco," according to Raymond Montoya, a management analyst for the Tribal Health Department. Indians, he said, are more likely to smoke, are less likely to quit, smoke more heavily, and use smokeless tobacco more often than non-Indians. "We are pleased and proud of the tribal business council for taking this important step," he said. Only last year a similar measure introduced by Tribal Health Director Don Pepion, was defeated.

The trend toward increased tobacco use among Indians is reinforced by data from a tribal health survey taken in 1987, that indicates of the people between ages 15 and 49, 34% of males and 50% of females smoked. Statistics recently released from the Centers for Disease Control in Atlanta show that among Montanans 20.8% of males and 18.9% of females smoke. In addition to the high incidence of smoking, the use of chewing tobacco has also risen, especially among young people. In response to the problem, the tribal council outlawed the sale of tobacco products to anyone under 18 years of age.

The charge that we're targeting a younger market share is absolutely without foundation!
the Marlboro Man
SURGEON GENERAL'S WARNING: Your Kid is Next

Reprinted by permission: Tribune Media Services.

More Schools Become Smoke Free

The American Lung Association recently conducted a survey to estimate how many smoking policies exist in Montana's public schools.

Out of 184 schools that responded to the survey, 48% indicated they were smoke free. According to Earl Thomas, executive director of the American Lung Association, a similar survey was conducted in 1984.

At that time, only 15% of the schools were smoke free and 54% provided a smoke-free teachers' lounge.

Results of the current survey reveal:

- 156 or 84% of the schools provide smoke-free teachers' lounges
- 95 or 15% felt that new legislation designed to make it easier for schools to become tobacco free would help them develop smoking policies
- over 15% of elementary schools responding already participate in the Class of 2000 project.

Montana Wellness Network Formed

by Tom Cotner
St. Patrick Hospital, Missoula

The Montana Wellness Network is an organization of wellness professionals in western Montana. This group meets monthly to discuss wellness issues specific to this large, sparsely-populated state. The initial interest group formed a steering committee with two clear and distinct goals: 1) establish a network of Montana wellness professionals and, 2) demonstrate the benefits of employee wellness to Montana business and industry.

Activities of the network will include: 1) developing a resource directory with names and addresses of wellness professionals in Montana, 2) writing a column in the *Montana Health Promoter* featuring successful wellness programs in Montana, 3) seeking professionals throughout Montana to become regional representatives of the Network, and 4) meeting annually at the Rocky Mountain Health Promotion Conference.

If you work in a wellness-related field or are interested in more information about employee wellness, consider joining the Montana Wellness Network. Please write: Montana Wellness Network, P.O. Box 5626, Missoula, MT 59806.

Smoking Patterns in Montana

by Marsha McFarland

The Montana Department of Health and Environmental Sciences conducts monthly surveys of Montanans aged 18 years and older. The survey allows health department officials to estimate the prevalence of behaviors linked to the ten leading causes of premature death among adults in the United States. Those interviewed are selected through a sampling process which provides a "snapshot" of Montanans' health behavior.

In addition to background variables including age, race, sex, height, weight, education and income, those surveyed are asked about cigarette smoking, smokeless tobacco use, and other health-related habits.

Risk factors are analyzed by comparing the background characteristics of smokers with those of nonsmokers. The data are also analyzed to identify other risk behaviors which occur among smokers. A statistical test which measures the relationship between behaviors shows that Montanans who smoke are also at risk for "acute drinking" (consuming five or more alcoholic drinks on at least one occasion during the last month). This test demonstrates that Montana smokers are less likely to use seatbelts, however, smokers are also less likely to be at risk for obesity and hypertension.

Combined data for the years 1984-1988 reveal that 24.2% of Montanans are smokers. Analysis of the aggregate data also provides profiles of Montana smokers and nonsmokers. Data for this five-year period show that slightly more males than females are smokers (24.3% compared with 24.0%).

By background variable, Montanans who are most at risk for smoking include: unmarried couple (49%); unemployed (39.4%); divorced (39.1%); separated (37.3%); and other than white race (34.5%). Those who have the least risk for smoking are college graduates (14.7%); those older than 60 (18.2%); the widowed (18.4%); the retired (18.5%); and those whose incomes exceed $50,000 annually (18.7%).

By age, the greatest proportion of smokers are from 40-59 (28.7%). Those 60 and over have the lowest percent of smokers (18.2%). Nearly 29 percent of those with reported incomes of less than $10,000 annually are smokers, while 18.7% of those with incomes of $50,000 or more are smokers.

Over the last five years the prevalence of smokers in Montana has decreased from 29.6% in 1984 to 19.8% in 1988.

Source: Montana Behavioral Risk Surveillance System, Montana Department of Health and Environmental Sciences, 1984-1988.

Montana Takes Aim on Tobacco

Montana's Rocky Mountain Tobacco Free Challenge asks your help in solving the greatest public health problem in Montana—tobacco addiction. Tobacco is a drug—one of the most addictive agents in use today. While society is deeply concerned about drug abuse, it is important to remember tobacco by far takes the greatest toll on health in our state.

Montana's anti-tobacco efforts began in 1988 when Gov. Ted Schwinden signed a declaration entering Montana in an eight-state challenge—to become tobacco free by the year 2000. Montana has joined Arizona, Colorado, New Mexico, North Dakota, Utah and Wyoming in the country's first multi-state effort to impact a serious public health hazard.

In the first year, the challenge made a difference! Montana's Rocky Mountain Tobacco Free Challenge has provided a series of public education forums designed to assist businesses develop smoking policies; developed a state-wide youth media campaign; sponsored a tobacco conference; assisted Native Americans develop tobacco intervention strategies on their reservations; and worked to enact changes in the Montana Clean Indoor Air Act.

For the health of Montanans, Montana's Rocky Mountain Tobacco Free Challenge must reach the public with messages and educational programs. The Challenge needs your help in efforts to eliminate smoking and chewing tobacco. Together, these goals can be achieved through education, legislation, the public initiative process and the development of innovative programs.

Accept the Challenge! Call 444-4740 or write the Rocky Mountain Tobacco Free Challenge, Dept. of Health, Cogswell Building, Helena, MT 59620, for more information.

Administrative Notes

Governor Supports Tobacco Free Challenge

Commenting on the issues surrounding tobacco use during a recent interview for the *Montana Health Promoter*, Governor Stan Stephens indicated that it was pressure from his physician at a time when he was experiencing problems with high blood pressure, that prompted him to quit smoking in 1978. "Everyone has their own reasons for quitting," he said, "and like a lot of people, I had quit for other periods of time —without much success." Stating that he strongly advocates on behalf of nonsmokers' rights, the governor does endorse Montana's anti-tobacco efforts. He has recently signed a resolution supporting the goal of the Rocky Mountain Tobacco Free Challenge—to be a tobacco-free society by the year 2000. The governor indicated, that he is strongly in favor of the Challenge's anti-tobacco compaigns targeting youth and encouraging them to abstain from cigarettes, and efforts offering help and encouragement for smokers who would like to quit.

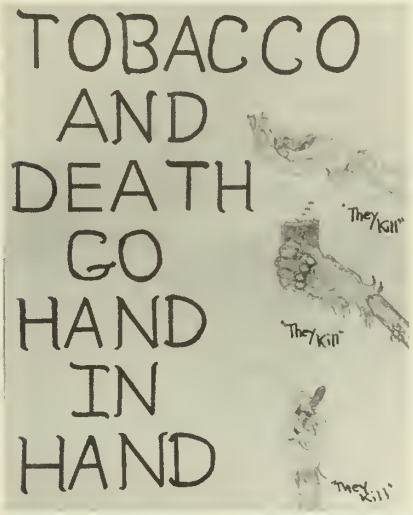
Governor Stephens

While he believes those workers who want to be free of environmental smoke have a right to be, the governor is also sympathetic towards smokers. "I still believe that smoking is an individual issue," he said. "I don't think we should make life miserable for someone who does not smoke and I support the provision of smoking areas for those who want them."

While there is no formal smoking policy in the Governor's Office, there are also few smokers. "At the office I don't have a sign that says 'no smoking,' but I don't have ashtrays either. I don't preach about it, I don't have to." There is however, no smoking at the Governor's Mansion—stated simply with signs reading, "Thank You For Not Smoking."

When questioned about anti-tobacco legislation, the governor indicated that he was in favor of legislation that would restrict the sale of tobacco to minors. However, he said he is opposed to legislation that would restrict tobacco advertising in Montana, on the grounds that he is "sensitive to the restraint of trade." "We already restrict the ability of the tobacco industry to advertise in the broadcast media," he said, "and they do have a right to free expression. The tobacco industry as a business is legitimate. They ought to be involved in the areas they want."

Asked whether he would back a public initiative that would raise the tax on cigarettes he responded that "I'm not for increasing taxes. In my opinion, cigarettes are already heavily taxed."



This poster by Christopher Bowman, William Hunter and Ryan Davies of Bozeman Junior High School was the winner of the Rocky Mountain Tobacco Free Challenge's Youth Media Contest, Secondary School Division.

Coming Up

February 16	**EARLY START FOR A HEALTHY HEART,** Cavanaugh's Motor Inn, Kalispell, sponsored by Wyeth-Ayerst Laboratories, Montana Dept. of Health and Environmental Sciences and Center for Continuing Education, contact Gerry Baertsch, Center for Continuing Education, University of Montana, 243-4623.
March 22-23	**1990 MONTANA AIDS CONFERENCE,** Montana State University, Bozeman, contact Kim Nelson, MSU Continuing Education for the Health Professional, 994-4930.
April 11-13	**MONTANA PUBLIC HEALTH CONFERENCE,** Lewistown, contact MPHA, Bob Moon, 444-4740.
August 12-16	**ROCKY MOUNTAIN HEALTH PROMOTION CONFERENCE,** MSU, Bozeman, contact Kim Nelson, MSU Continuing Education for the Health Professional, 994-4930.

Close Up

A Woman's Struggle with Addiction

by Toni Jensen

It took Joanne Heffernan 30 minutes to develop a habit that has taken her 25 years to break.

Mrs. Heffernan, an employee of the Social Security Disablity Determination Bureau of Helena, was addicted to tobacco since 1963. Ironically, it was the death of her father, a two-pack-a-day smoker, of a heart attack at the age of 49,that prompted her to start smoking. "I was told," she said, "that I would feel better and I would be able to handle the stress if I smoked. Well, that was right. I felt a sense of power and control over my life and I loved it. I often felt that I did my best thinking while smoking."

The so-called therapeutic effects of smoking—such as stress reduction and appetite control and enhanced intellectual performance, kept Heffernan hooked. It took three tries before she was able to finally quit smoking. "The first time I quit was 15 years ago," she said. "I gained weight and missed smoking desperately. I began smoking again, after two months. I reasoned that to control my overeating I needed to resume smoking. I felt that I was young enough and healthy enough—I still had plenty of time to quit."

She quit again for five months, and managed to hide her smoking from her family for five years. Unfortunately, her addiction to nicotine was more important than a confrontation with her children, who were urging her to quit. She smoked at work and was sneaking cigarettes in the bathroom at home. "It was insanity," she said, "I felt lousy all the time and finally, despite the pressure at home, began smoking openly once again."

"My third attempt lasted only a short time," she said, "because I believed I could always quit another time. It was always easy for me to quit, but I was only deferring the pain."

Finally, in 1988, Mrs. Heffernan quit, permanently, and turned her stuggle into an attempt to help others by founding Smokers Anonymous in Helena.

After nearly 25 years, smoking was beginning to take its toll. "I began experiencing health problems," she said, "and was becoming more aware of my own mortality and the role of tobacco in creating an intolerable life situation. I had a smoker's cough, little energy and a family history of heart disease. As a disability examiner for Social Security, I began seeing cases of lung cancer and some of the victims were my own age. It was slowly sinking in."

There were for Heffernan, several stages in getting ready to quit. Stage one was motivation. "It took me five months to decide on a quit day," she said. "I consulted with my physician and set my target quit day for September 9, 1988. At 11:30 p.m. I had my last cigarette. For approximately three months afterwards I experienced physical and emotional withdrawal. I actually went through a grieving process. I had just given up a priority in my life, a friend who had been with me for 25 years. I was depressed and cried uncontrollably. But I didn't fight it, it was all part of the healing process. I had lost a friend that I could never bring back."

"I decided, prior to quitting, that I needed additional help to remain tobacco free," she said. "I asked my physician if there was a Smokers

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Resources

New Resource Materials

Available from Health Promotion
Resource Center
Stanford Center for Research in
Disease Prevention
1000 Welch Road
Palo Alto, California 94304-1885
(415) 723-1000

"Stop for Life Program," a modular system for maintenance of nonsmoking, suited to worksites, hospitals and settings where a coordinator is available. After smokers have quit, they design their own maintenance program by selecting from a list of 8-page workbooks targeted at high-risk situations. Everyone begins with a master module "How to Cope with the Urge to Smoke." Sample set of 16 workbooks with User's Guide, $15; program is $15 per smoker.

"Community Approaches to the Prevention and Cessation of Smoking: A Manual for Program Implementation," is designed for the health promotion practitioner. This is a comprehensive review of the current state of research in smoking cessation. 400 pages, bound, $25.

"Calling It Quits," features a TV anchorman quitting smoking with the help of a class. Tape includes interviews with smokers who quit on their own. 28 minute tape, $40; preview $20.

Struggle, *continued from page 6*

Anonymous in Helena and he said no, but that I should start one. In January, 1989, we held our first meeting. Initially, the group was very small, but provided much needed emotional support.

Smokers Anonymous is a community of people who have been addicted to nicotine and meet weekly, as does Alcoholics Anonymous, and follow the same 12-step plan adopted by AA. "People share their experiences," she said, "and participants learn what others have experienced while withdrawing from nicotine. They also learn how to use the Smokers Anonymous Program to maintain abstinence from tobacco."

"You cannot quit in a vacuum," she said. "There is great strength in this group. As a result of my participation, my health problems have cleared up. I know I will never return to smoking. I refuse to go through this pain again. I truly believe that the harder it is to quit, the stronger your resolve to remain tobacco-free. I know I have done something very difficult and succeeded."

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Address _____

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☐ My address is shown incorrectly on this newsletter.

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Address _____

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Funding Facts

Two Montana libraries participate in The Foundation Center Cooperating Collections Network—a nationwide network of information on private philanthropic funding sources. Each library provides access to information on the location, limitations, eligibility requirements, history and giving trends of foundations.

These libraries are:

Eastern Montana College Library
1500 North 30th St.
Billings, MT 59101-0298
(406) 657-1662

Montana State Library
Reference Department
1515 East 6th Ave.
Helena, MT 59620
(406) 444-3004

Economic Viewpoint

by Earl Thomas, President
American Lung Association,
Montana Affiliate

Any smoker knows that the habit isn't cheap. At $1.50 a pack, the annual cost can run up to $1,000 a year or more.

Most smokers shrug off these costs as insignificant peanuts. Indeed they are, compared to the other costs of smoking—in health care and lost productivity. According to one estimate, those costs amount to $54 billion: $30.4 billion per year in lost work and productivity and $23.3 billion in medical costs. In 1984, the American Thoracic Society stated that a middle-aged man who smokes heavily will have lost $34,000 during his lifetime because of extra medical bills and lost income. And don't forget the cost of fires. In 1984, Americans lost property valued at $410 million in fires caused by smoking.

It's not only the smoker who loses. Nonsmokers, in fact, shoulder much of the health cost burden by paying higher health insurance premiums and higher taxes, which fund such programs as Medicare, Medicaid and disability benefits.

Smokers should pay more of those costs. One way to get them to do that is to increase the excise tax on cigarettes—currently at 18 cents a pack. If this tax truly reflected the economic costs of smoking to the American public, it would run at least $2 per pack.

Beyond Disability

The thrust of the national disability prevention movement, under the leadership of the Centers for Disease Control (CDC) in conjunction with the National Council on Disabilities, has taken a dramatic and dynamic turn toward personal responsibility for health promotion and prevention. This recognition of the importance and primacy of the consumer is nowhere more evident than in the area of secondary disabilities—those with disabilities chronologically subsequent to a prior or primary disability.

Cecilia Cowie

The Montana Department of Health and Environmental Sciences is proud to be a part of this new movement. Under a grant from CDC, the position of secondary disabilities prevention officer has been created in the department, and the program officer will work hand-in-hand with personnel of the University of Montana to develop a secondary disabilities surveillance system and to implement a secondary disabilities intervention and prevention model.

Cecilia Cowie has recently been hired as the secondary disabilities prevention officer and will coordinate the Health Department's activities in relation to the grant. Her duties will center around the following areas: guaranteeing the validity of the surveillance instrument; ensuring that the entire spectrum of the disabled population is represented (those living independently and others whose lives are at least partially "mediated" in relation to daily activities); acting as a liaison with the public health community; stressing the necessity for intervention that is both effective and efficient; underscoring the concept that a disability is an ecological occurrence yielding co-disabled family members, friends and communities; and accentuating the fact that the entire person—not just the disability—deserves our complete attention.

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Montana Department of Health
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Cogswell Building, Room C314
Helena, MT 59620

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